

DEPARTMENT OF PERSONNEL & ADMINISTRATION STATE ARCHIVES AND PUBLIC RECORDS **RECORDS DISPOSITION SCHEDULE**

ARCHIVES NO. 07-40

DEPARTMENT DIVISION		DIVISION	***	SECTION	~~~	······································	
Colorado Dept. of Public Health and Environment Water Quality Co		Water Quality Control Di		Permits Unit Biosolids / Pretreatment Program	Andrews		
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ITEM	DESCRIPTION		RETENTION PERIOD		SPECIAL INSTRUCTIONS		
NO.		***************************************	-				
THE	Biosolids Management Program Site files (includes: Application, Notice of Authorization, soil and biosolids data)		Dupl	Record copy: Permanent. Duplicate: Retain until no longer needed then destroy.		Records are created by WQCD staff, systems operators & owners or contractors.	
2.	Biosolids Managemen	t Program annual reports	Record copy: Keep 5 years. Retain most recent 3 years onsite, then send offsite for 2 more years, then destroy. Duplicate copy: Retain until no longer needed then destroy.				
3.		nt Program Facility files ence, copies of enforcement nitoring Reports, flood echematics, inspection	years then o	rd copy: Keep 5 years. Retain most recent 3 onsite, then send offsite for 2 more years destroy. Icate copy: Retain until no longer needed destroy.	POTOTO PRI INDOCADA ALABAMA POTOTO CONTROLO CONTROLA ALABAMA POTOTO CONTROLA CONTROL		
4.	Industrial Pre-treatmen	t Program Annual reports	Record copy: Keep 5 years. Retain most recent 3 years onsite, then send offsite for 2 more years then destroy Duplicate copy: Retain until no longer needed then destroy.				
5.	5. Pretreatment discharge authorizations.			d copy: Permanent. cate: Retain until no longer needed then y.	manadanamahip peppiniiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
					VXXII ПОТИВЛЕН ТИМВИНЕННЯ ПОТОТОТОТОТОТОТОТОТОТОТОТОТОТОТОТОТОТОТ	No record shall be destroyed that pertains to any pending legal cause, claim, action, or audit.	
I request approval of the above records disposition schedule. Retention periods have been established by this agency after careful evaluation of all of the factors listed in the State Records Management Policies and Procedures Manual. I hereby certify that I am authorized to act for the head of this agency in matters pertaining to disposal of records. I also certify that I will comply with all conditions listed in the Records Management Policies and Procedures Manual.							
State Archivist's Signature		Date	,	Resords Liaison Officer's Signature		Da	te
Jerry Kettleen		1/4/	2007	1 Sturchmink		12	-04·2006
Attorney General's Signature		Date		State-Auditor's Signature		Da	

State-Auditor's Signature

Date,